



Montana  
Office of Public Instruction  
Denise Juneau, State Superintendent

## Montana Application for Class 5 Provisional Educator Licensure for the purpose of Reinstatement

If you cannot meet the requirements for renewal or have let your Montana teacher's license lapse, a Class 5 license may be issued. The Class 5 license will give you 3 years to complete the requirements to reinstate your former teaching license. ARM 10.57.424

### Important Considerations:

- **When using the Class 5 license to reinstate your former license, you will be granted the same endorsements you held previously.** If you have been licensed in another state and added endorsements while away from Montana, you must complete the application to add an endorsement and the college or university where you completed the additional endorsement must make recommendation to add the endorsement to your Montana license.
- **A Class 5 Provisional license is only allowed once during your career and is not renewable.** You must complete the requirements for full licensure within 3 years to be upgraded to full licensure.
- For questions regarding these considerations please call us at 406-444-3150

### Montana Educator Licensure Application Checklist

Complete

I have enclosed a check or money order payable to Montana OPI for \$18 for the Class 5 license applied for and a one-time filing fee of \$6. (\$24 total) if this is your first Montana license. For Reinstatement, \$18.

I have signed and dated the bottom of the Character and Fitness Information page. (page 4)

I have recited the oath in the presence of a licensed notary and signed the notary page (page 5)

I have requested a fingerprint background check to be processed by the Montana Department of Justice.

**Important: Applications will not be processed until all required documentation/information has been received. Processing time depends on the time of year and the volume of applications being processed. Between April and September processing time may be 6-8 weeks. It is your responsibility to check with our office to ensure that all materials have been received. You can review your application at <https://apps3.opi.mt.gov/SSO/Login/Login.aspx>**

All documents must be mailed to:

**Montana Office of Public Instruction  
Attn. Educator Licensure  
PO Box 202501  
Helena, MT 59620**



# Class 5 Educator License Application

Please complete all sections of this application. Incomplete applications will not be evaluated. For questions regarding the application process please refer to our website at [www.opi.mt.gov/cert](http://www.opi.mt.gov/cert).

Last Name				First Name				Middle Initial	
Street Address							Apartment/Unit #		
City		State		Zip Code		Former Name(s)			
Phone Number				Email Address					
Last Four Digits of Your SSN			Date of birth			Gender	<input type="radio"/> Male <input type="radio"/> Female		
Race (Choose one or more): <input type="radio"/> American Indian/ Alaska Native <input type="radio"/> Black/African American <input type="radio"/> Asian <input type="radio"/> Native Hawaiian/Pacific Islander <input type="radio"/> White						Ethnicity: <input type="radio"/> Hispanic <input type="radio"/> Non-Hispanic			
School year initial licensure to be active			July 1, _____						
Have you ever held a Montana Educator License?			<input type="radio"/> Yes <input type="radio"/> No		If so, please indicate under what name.				
Have you ever held an educator license from another state?			<input type="radio"/> Yes <input type="radio"/> No		If so, please indicate what state/states.				

## Application for Endorsement(s)

Please indicate which endorsement(s) you are applying for. A university recommendation from the educator preparation program you have completed will be required to document your eligibility for each endorsement requested. **NO PHOTOCOPIES, SCANNED COPIES, or EMAILED IMAGES will be accepted.** (See Attachment 1 of this application)

<input type="radio"/> <b>Early Childhood</b> (age 3 to grade 3)	<input type="radio"/> <b>Elementary</b> (Kindergarten to grade 8)	<input type="radio"/> <b>Middle Grades</b> (Grades 4-8)	<input type="radio"/> <b>Special Education</b> (pre K -12)
<b>Secondary Endorsements</b>	<input type="radio"/> Agriculture	<input type="radio"/> Biology	
	<input type="radio"/> Business & Information Technology	<input type="radio"/> Chemistry	
	<input type="radio"/> Communication	<input type="radio"/> Earth Science	
	<input type="radio"/> Economics	<input type="radio"/> English	
	<input type="radio"/> Family & Consumer Sciences	<input type="radio"/> Geography	
	<input type="radio"/> Health	<input type="radio"/> History	
	<input type="radio"/> Industrial Technology Education	<input type="radio"/> Journalism	
	<input type="radio"/> Marketing	<input type="radio"/> Mathematics	
	<input type="radio"/> Physics	<input type="radio"/> Political Science	
	<input type="radio"/> Psychology	<input type="radio"/> Science (broadfield)	
	<input type="radio"/> Sociology	<input type="radio"/> Social Studies (broadfield)	
	<input type="radio"/> Theatre		
<b>K-12 Endorsements</b>	<input type="radio"/> Art	<input type="radio"/> Computer Science	
	<input type="radio"/> English as a Second Language	<input type="radio"/> Health Enhancement	
	<input type="radio"/> Library	<input type="radio"/> Music	
	<input type="radio"/> Physical Education	<input type="radio"/> Reading	
	<input type="radio"/> School Counseling	<input type="radio"/> Traffic Education	
	<input type="radio"/> World Languages: _____		

## Character and Fitness Information

Last Name	First Name	MI
<b>1. Do you currently hold or have you ever held a professional certificate, license, or other credential in ANY field (e.g. education, cosmetology, social work, outfitting, acupuncture) in Montana or any other state? If yes, please provide the following information for every certificate, license, or credential.</b>		<input type="radio"/> Yes <input type="radio"/> No
State or Jurisdiction	Type of License	Certificate or License Number
<b>2. Have you ever had adverse action taken against any professional certificate, license, or other credential issued for practice in ANY field, or is any such action pending? If yes, select the actions below and explain on a separate sheet, providing dates, locations, circumstances, and outcome for each incident. Sign and date each page.</b>		<input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Letter of Warning	<input type="radio"/> Suspension	<input type="radio"/> Voluntary Surrender
<input type="radio"/> Reprimand	<input type="radio"/> Denial	<input type="radio"/> Revocation
		<input type="radio"/> Failure to Renew
		<input type="radio"/> Cancellation
<b>3. Have you ever resigned or been disciplined, discharged, or asked to resign or retire from a professional position or military service because of allegations of misconduct, or is any such action pending? This includes discipline for failure or refusal to fulfill an employment contract. If yes, explain on a separate sheet, providing dates, locations, and circumstances for each incident. Sign and date each page.</b>		<input type="radio"/> Yes <input type="radio"/> No
<b>4a. Have you ever been convicted of any crime (misdemeanor or felony)? If yes, explain on a separate sheet, providing dates, locations, and circumstances for each incident. Sign and date each page. *Most arrests and convictions show up on a background check even if purged or dismissed by a court.</b>		<input type="radio"/> Yes <input type="radio"/> No
<b>4b. Have you entered into a pretrial diversion* for any crime? If yes, select from the options below and explain on a separate sheet, providing dates, locations, and circumstances for each incident. Sign and date each page.</b> <i>*A pretrial diversion program is any program that results in dismissal of charges upon satisfaction of conditions such as paying restitution or fines, having no similar offenses for a specified time, performing community service, completing rehabilitation or treatment programs, satisfying probation, etc. Answer "yes" even if you were not required to complete the program.</i>		<input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Deferred Prosecution	<input type="radio"/> Deferred or Suspended Imposition of Sentence	<input type="radio"/> Deferred Adjudication
<input type="radio"/> Stay of Adjudication	<input type="radio"/> First Time Offenders Programs	<input type="radio"/> Other Programs (Please describe)
Taxpayer Identification Number (TIN), Social Security Number (SSN) or Canadian identification number (GST): Section 7 of Public Law 93-579 requires us to advise you of the following in connection with our request for your Taxpayer Identification Number (TIN): Disclosure of your taxpayer identification number is mandatory pursuant to the National Child Protection Act of 1993, 42 USC 5119a and c, which authorizes a state and national criminal history background check to determine the fitness of an employee, volunteer, or other person with unsupervised access to children, the elderly, or individuals with disabilities. Your taxpayer identification number will also be used for verification purposes in connection with college transcripts and other education records pertaining to your application for teacher licensure.		
<b>Taxpayer ID Number, Social Security Number or Canadian ID</b>		
<i>By signing this application, I acknowledge I have read and understood the foregoing. I declare under penalty of perjury the information included in or with my application is true, correct, and complete to the best of my knowledge. I am aware false statements of material fact, misrepresentations, or omissions of material fact in or with this application is grounds for the denial, revocation, or suspension of the license(s) I am seeking.</i>		
<b>Signature:</b>		<b>Date:</b>
<b>Note: Your application will not be processed until we receive your fingerprint background check results. Have you submitted your background check to the Montana Dept. of Justice? (See instructions on Page 8)</b>		<input type="radio"/> Yes <input type="radio"/> No



You must subscribe to the following oath or affirmation before a notary public or other officer authorized by law to administer oaths. (MCA §20-4-104.) "I solemnly swear (or affirm) that I will support The Constitution of the United States of America and The Constitution of the State of Montana."

**Declaration**

I hereby declare under penalty of perjury the information included in or with my application is true, correct, and complete to the best of my knowledge. In signing this application, I am aware that a false statement of material fact, misrepresentations, or omissions of material fact in or with this application may lead to the denial, revocation or suspension of the license(s) I am seeking. I acknowledge that I have read the Professional Educators of Montana Code of Ethics as provided on the Montana OPI Educator Licensure website.

<b>Name of applicant:</b>			
<b>Date of Birth</b>		<b>Last 4 numbers of SSN</b>	

Signature of Applicant: \_\_\_\_\_

The above oath was sworn and this document was signed before me on the \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_\_

By \_\_\_\_\_ .  
(Print name of signer)

Signature of Notary: \_\_\_\_\_

Printed Name of Notary: \_\_\_\_\_

Residing in the State of: \_\_\_\_\_ County of: \_\_\_\_\_

Commission Expires: \_\_\_\_\_



Montana  
**Office of Public Instruction**  
Denise Juneau, State Superintendent

## How to Initiate your Fingerprint Background Check

1. Go to your local law enforcement agency or any other agency offering fingerprinting services. Request that your fingerprints be taken for a background check. There may be a charge for this service. **Fingerprints must be clear. Smudged or unclear prints will be rejected. Therefore we recommend that you complete two fingerprint cards to ensure that your background check can be completed in a timely manner.**
2. Fill out all sections of the fingerprint cards with your personal information as needed. **Do not fold the completed fingerprint cards.**

3. Complete the following sections as instructed below:

**Employer and Address:** Montana Office of Public Instruction  
Educator Licensure Division  
PO Box 202501  
Helena, MT 59620-2501

**Reason Fingerprinted:** Montana Educator Licensure  
ARM 10.57.201A

**ORI:** MT025025Y  
DOJ-ST ID BUR  
Helena, MT

4. Mail the completed fingerprint cards along with a **Check for \$27.25** payable to the Montana DOJ to:

Montana Department of Justice  
PO Box 201403  
Helena, MT 59620-1403

For questions regarding the status of your background check call 406-444-3150. We will notify you by letter of rejected fingerprints and provide instructions on how to complete the process again.